

OAHU CANDIDATES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

RECEIVED

DISCLOSURE REPORT
CANDIDATE COMMITTEE

04 DEC -2 P4:24

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

JoAnne S. Georgi

(b) Committee Name: Friends of JoAnne Georgi

(c) Mailing Address: 4568 Kuli Rd

Kalaheo, HI 96741

(d) Phone (Bus)

(Res)

332-0057

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

☐ 1st Preliminary Primary

☐ Amended

☐ First

☐ Second

☐ Third

☐ Fourth

☐ 2nd Preliminary Primary

☐ Short Form¹

☐ Final Primary

☐ Preliminary General

☒ Final Election Period

☐ Supplemental

REPORTING PERIOD

Oct 8, 2004 through Dec 2, 04

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS
(Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD ² TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period ²		92231
2. Cash on Hand at the Beginning of this Reporting Period.....	92231	
3. Total Receipts (From Line 15).....	375	
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	1467.31	
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	1438.69	
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)....	28.62	
7. Total Loans at the Closing of this Reporting Period.....		
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....		
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8).....		
10. Surplus/Deficit (Subtract Line 9 from Line 6).....		

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

JoAnne Georgi

Candidate Signature

Date

12/2/4

Treasurer Signature

Date

¹ Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.
² Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.
An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

OF

Friends of Valerie Lerji

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
10/14	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Inkspot Lihue</i>	<i>photocopies</i>	<i>2.60</i>
10/15	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Saheway Kapaa</i>	<i>stamps</i>	<i>17.60</i>
10/18	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>USPS Lihue</i>	<i>stamps</i>	<i>37.00</i>
10/18	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Hong Radio Lihue</i>	<i>advertising</i>	<i>1041.66</i>
10/31	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Am Savings Lihue</i>	<i>check bkp</i>	<i>2.00</i>
10/25	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>USPS check bkp Lihue</i>	<i>stamps</i>	<i>37.00</i>
10/25	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>KONA Radio Lihue</i>	<i>advertising</i>	<i>307.85</i>

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)..... *1438.69*

2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)..... *1438.69*

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

- ☐ INDIVIDUAL OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES
☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

OF

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
10/1	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Donor Name Address City, State, ZIP	Employer Name Occupation	Amount	70 -
10/1	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Donor Name Address City, State, ZIP	Employer Name Occupation	50	70 -
10/1	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Donor Name Address City, State, ZIP	Employer Name Occupation	200	370 -
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.